PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mall Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1459.

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh

appropriate. All further correspondence including the Patent, advance orders and notifindicated unless corrected below or directed otherwise in Block 1, by (a) specifying a	ication of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for
maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the

papers. Each additional paper, such as an assignment or formal drawing, have its own certificate of mailing or transmission. 07/06/2007 7590 Certificate of Mailing or Transmission

(I hereby certify that this Foc(s) Transmittal is being deposited with the United
States Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile
ransmitted to the USPTO (571) 273-2885, on the date indicated below. 44443 NEXSEN PRUET ADAMS KLEEMEIER, LLC

PO DRAWER 2426 COLUMBIA, SC 29202-2426 SHARON HUTTO re: æ

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/510,456	10/04/2004	Andre Leguen	40045-19	2294

TITLE OF INVENTION: ERGONOMIC SEATING MODULE AND SEAT FITTED WITH SAID MODULE

APPLN. TYPE						
	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/09/2007
EXA	MINER	ART UNIT	CLASS-SUBCLASS]		
WHITE, ROI	NEY BARNETT	3636	297-423120			
Change of corre	ndication (or "Fee Address	nge of Correspondence	or agents OR, alternativ	o 3 registered patent attornively, the firm (having as a member agent) and the names of u	2 NEXSE	END M. BELSER IN PRUET ADAM KLEEMEIER, LL
				entire it an appropriate to the	,	
(A) NAME OF AS	SIGNEE		(B) RESIDENCE: (CITY	assignment. r and STATE OR COUNT Individual Corporat	TRY)	
(A) NAME OF ASS Please check the appro-	SIGNEE spriate assignee category of spriate assignee category of spring	categories (will not be p	(B) RESIDENCE: (CITY rinted on the patent): b. Payment of Fec(s): (Plet	and STATE OR COUNT	ion or other private grouviously paid issue fee sh	owa above)

Authorized Signature 32,825 Registration No. Typed or printed name This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to proceed application of the process of the proc

Date_

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

2007